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TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Monday, April 6, 2015
2:30 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 214, H.D. 1 AND
HOUSE RESOLUTION NO. 149, H.D. 1 – REQUESTING THE CONVENING OF A
MENTAL HEALTH ACCESS WORKING GROUP.**

TO THE HONORABLE ANGUS L.K. McKELVEY, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner ("Commissioner"),
testifying on behalf of the Department of Commerce and Consumer Affairs
("Department"). Department supports the merits of these resolutions.

The purpose of these resolutions are to convene a Mental Health Access
Working Group ("Working Group") to develop recommendations on establishing
standards for mental health care in the State, increasing access to all mental health
providers, and make recommendations and propose legislation to improve access to
mental health care.

The Department is willing to have a representative of the Commissioner familiar
with issues of access to health care participate in the Working Group.

We thank the Committee for the opportunity to present testimony on this matter.



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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING

Monday, April 6, 2015 at 2:30 PM
Conference Room 325
State Capitol
415 South Beretania Street

TESTIMONY IN OPPOSITION TO HCR 214 HD1/ HR 149 HD1

Honorable Chair McKelvey, Vice-Chair Woodson and members of the Committee on Consumer Protection and Commerce. My name is Marie Terry-Bivens, Psy.D. I am a Clinical Psychologist and President of the Hawaii Psychological Association. This is my testimony in opposition to HCR 214 HD 1/ HR 149 HD1, requesting the convening of a mental health access working group.

The preamble of HCR 214 HD 1/ HR 149 HD1 rightly identifies that there is a serious shortage of physicians in Hawaii. But then it outlines issues in mental health care access as if these things have never been studied before, and recommends convening a "working group." Unfortunately Hawai'i residents suffering with mental illness are already all too aware that access to qualified prescribing doctors is chronically limited in Hawai'i. These access problems have already been studied and documented in detail (for example by the multi-million dollar Mental Health Transformation study that ran from 2006-2011). Creating another working group is just kicking the can down the road in a way that retains exclusive rights to prescriptive authority for one special interest group while patients continue to suffer unnecessarily. It is an unacceptable proposal that does not provide relief to the persons in our state who need help. At a time when the citizens in our state are in need of legislative action, HCR 214 HD1/ HR149 HD1 prescribes the worst form of legislative inaction.

The true functional purpose of HCR 214 HD1/ HR 149 HD1 is revealed in the way that one special interest group is assigned to convene the working group, and how that same special interest group will “make recommendations and propose legislation to improve access to mental health care” (p.3). This aspect of the bill will lead to a foregone conclusion that is very unlikely to expand the service capacity of psychologists in Hawai’i, in spite of the fact that doing so would provide safe and effective relief for thousands of under-served citizens in our state (as it has in other states). The preamble of the bill cynically equates psychologists with counselors from non-scientific disciplines and even with monks and spiritual healers, utterly ignoring the superior scientific training of psychologists that sets them apart even from medical doctors. The preamble also ignores the fact that responsible prescriptive authority legislation requires intensive training in physiology, biochemistry, and the other pertinent fields of study that ensure safe and responsible practice.

The problem of access to qualified and capable prescribers can only be solved by legislators, and the time to act is now by opposing HCR 214 HD1/ HR 149 HD1, and by supporting commonsense legislation granting prescriptive authority for psychologists that is modeled on the safe and effective examples of other states.

Thank you for your consideration.

Respectfully submitted,

Marie Terry-Bivens, Psy.D.
President

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

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Representative Justin H. Woodson, Vice Chair

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Honorable Chair McKelvey, Vice-Chair Woodson and members of the Committee on Consumer Protection and Commerce. My name is Jill Oliveira Gray, Ph.D. I am a Clinical Psychologist and Director of Training at the I Ola Lahui Rural Hawaii Behavioral Health training program. I would like to provide testimony **in opposition to HCR 214 HD 1/ HR 149 HD1**, requesting the convening of a mental health access working group.

While this measure rightly acknowledges salient issues with regard to mental health care access and attempts to convene a mental health access working group, it is concerning that it is “assigned” to one professional group “...for administrative purposes” who will “make recommendations and propose legislation to improve access to mental health care” (p.3). It is understood that the Department of Psychiatry of the University of Hawaii at Manoa requested to convene this Mental Health Access Working Group, however, to also designate this group, rather than a more neutral entity, to oversee the whole effort is biased and concerning.

It is also curious as to why the one “psychology expert” would be designated by the Department of Psychology at the University of Hawaii at Manoa rather than the Hawaii Primary Care Association and Department of Health as is stated for designating two psychiatrists, one from a Community Health Center and one from a Community Mental Health Center. There are multiple psychologists serving in both these practice settings, thus, these psychologists would appear to be a better fit for this type of work group given their first hand clinical experience serving either the underserved or in rural areas.

In summary, HCR 214 HD1/ HR 149 HD1 appears to be a reactive move against prescriptive authority for psychologists rather than a sincere attempt to address the critical issue of access to mental health care.

Thank you for your consideration.

Respectfully submitted by,

Jill Oliveira Gray, Ph.D,
Licensed Clinical Psychologist

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TESTIMONY IN OPPOSITION TO HCR 214 HD1/ HR 149 HD1

Honorable Chair McKelvey, Vice-Chair Woodson and members of the Committee on Consumer Protection and Commerce. My name is Judi Steinman, Ph.D. I provide this testimony as the Program Coordinator of the UH Hilo Daniel K Inouye College of Pharmacy (DKICP) Master of Science in Clinical Psychopharmacology (MSCP) program. I provide testimony **in opposition to HCR 214 HD 1/ HR 149 HD1**, requesting the convening of a mental health access working group.

These resolutions are a continuation of an unfortunately limited mentality first presented in the form of a task force to address the serious problem of underserved mental health needs across the state of Hawai'i. This problem was first officially recognized in the 1980s, when the late Senator Daniel K., Inouye first introduced legislation that would address this shortage by permitting qualified doctors of psychology to prescribe psychotropic medications. It was around this same time that Federally Qualified Health Centers (FQHCs) were established. Currently, there are there are thirteen FQHCs in Hawai'i, and a legislatively requested study in 2006 indicated that a psychiatrist was on staff at only two of these centers, while seven clinical psychologists were working at the FQHCs across the islands.

There have been numerous task forces, Alternative Dispute Resolutions and other efforts since the 1980s. It is my opinion that these resolutions are simply ignoring all of the hard work that has already been done, at tax payers' expense. These resolutions are one more effort to ignore the fact that prescribing psychologists are successful in every venue in which they have been allowed. The exclusionary criteria for membership to the working group/task force are obviously designed to exclude psychologists, especially those educated in clinical psychopharmacology, from participating in the discussion.

In summary, HCR 214 HD1/ HR 149 HD1 appears to be a reactive move against prescriptive authority for psychologists rather than a sincere attempt to address the critical issue of access to mental health care.

Thank you for your consideration.

Respectfully submitted by,

Judi Steinman, PhD